

ROUTING SLIP FOR INVOICES

DATE October 26, 2017

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE September 2017

TO LeBlanc

INITIAL REVIEW 

DATE 11/2/17

FSPS2 REVIEW _____

DATE _____

Program Manager 1/2 DT

DATE 11/2/17

POSTED TO SPREADSHEET 

SENT TO FISCAL 11/2/17

EQUIPMENT TO BE TAGGED? _____

ADVANCE RECOUPMENT? _____

COMMENTS:

no adjustments

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES****Cost Reimbursement Invoice Form**

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

Received

OCT 26 2017

DCFS**Economic Stability**

September 2017

Service Period

719685

Contractor/PO#

2000 224936-0917

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 4,480.00	\$ 10,103.94	\$ 14,583.94	\$ 58,376.06	
FRINGE BENEFITS	\$ 10,309.44	\$ 698.82	\$ 1,512.23	\$ 2,211.05	\$ 8,098.39	
TRAVEL	\$ 1,080.00	\$ 153.82	\$ 217.77	\$ 371.59	\$ 708.41	
OPERATING SERVICES	\$ 60,370.56	\$ 2,222.90	\$ 5,015.60	\$ 7,238.50	\$ 53,132.06	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 7,050.00	\$ 14,437.50	\$ 21,487.50	\$ 72,712.50	
OTHER CHARGES	\$ 434,880.00	\$ 34,180.00	\$ 61,460.00	\$ 95,640.00	\$ 339,240.00	
EQUIPMENT/AC QUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 9,500.00	\$ 14,250.00	\$ 42,750.00	
TOTALS	\$ 730,800.00	\$ 53,535.54	\$ 102,247.04	\$ 155,782.58	\$ 575,017.42	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Dorothy Wallis, President/CEO
Signature of Authorized Contractor Representative and Title

10/11/2017
Date

FOR DCFS USE ONLY

DCFS Invoice Number	Org 4274	Obj 3740	Rep Cat 5071	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

line 2

Program Compliance Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

Donna Roman Program Mgr
Signature and Title of Authorized DCFS Official

11/2/17

Jeanine L. Blane 11/2/17

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide.</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd.</u>	GRS ORG CODE #	<u>4274</u>
	<u>Baton Rouge, LA 70814</u>	OBJECT CODE	<u>3740</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	INVOICE #	<u>2000224936-0917</u>
TITLE:	<u>President/CEO</u>	PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>September 2017</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>384</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>186</u>
CUMMULATIVE 1st MONTH PARTICIPANTS	<u>570</u>

SECTION A-SALARY

Services Coordinator	Sanaretha Gray	1,900.00	
Home Prenatal Care Nurse	Kim Hardee	1,600.00	
Home Prenatal Care Educator	J Monic Adams	980.00	
Clerical Support Specialist		0.00	
	TOTAL SALARIES-Direct Svcs	4,480.00	4,480.00 ✓

SECTION B - FRINGE

Insurance	Direct Services	250.00	
FICA	Direct Services	342.72	
Worker's Compensation	Direct Services	106.10	
	TOTAL FRINGES-Direct Svcs	698.82	698.82 ✓

SECTION C - TRAVEL

Travel	Direct Services	141.78	
Travel	Direct Services	12.04	
	TOTAL TRAVEL-Direct Svcs	153.82	153.82 ✓

SECTION D - OPERATING EXPENSES

Printing	Direct Services	337.95	
Printing	Direct Services	550.00	
Office Supplies	Direct Services	0.00	
Copy Machine	Direct Services	250.00	
Internet Service	Direct Services	195.00	
Media	Direct Services	0.00	
Website	Direct Services	14.95	
KNOWforSURE	Direct Services	875.00	
	TOTAL OPERATING EXPENSES FOR MONTH	2,222.90	2,222.90 ✓

Handwritten notes:
 174.00 Ad choice
 163.95 lifechoice.org
 Randy Rice
 Dela
 Mufao
 Source for

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

SECTION F - PROFESSIONAL

Accounting Services	Vickie Davis	2,200.00	
Performance Improvement	C Garcia Bodley	1,200.00	
Public Relations/Media Coord	Randy Rice	700.00	
Webmaster/Info Tech Cons.	Kathleen Benfield	700.00	
Information Technology Cons	Turnkey	250.00	
Auditor Services	Michael Choate, CPA JHam/Lacey/Rita	0.00	
Professional Technical Svc	Michelle/Emily/Alexis	2,000.00	
TOTAL PROFESSIONAL		7,050.00	7,050.00 ✓

SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	186	1,860.00
Positive Pregnancy Test	\$ 10.00	145	1,450.00
Negative Pregnancy Test	\$ 10.00	41	410.00
Abstinence Education	\$ 30.00	50	1,500.00
Counseling	\$ 40.00	145	5,800.00
Referral Services	\$ 10.00	135	1,350.00
Health Risk Assessment	\$ 30.00	145	4,350.00
Care Plan Development	\$ 30.00	144	4,320.00
On-going Care	\$ 30.00	93	2,790.00
Family Support Services	\$ 40.00	101	4,040.00
Home Outreach Support Services	\$ 75.00	58	4,350.00
Birth Outcome Confirmation	\$ 40.00	49	1,960.00
TOTAL OTHER CHARGES			34,180.00 ✓

SECTION I - INDIRECT COST

Project Administrator	Dorothy Wallis	4,500.00	
Health Insurance		250.00	
TOTAL INDIRECT COST		4,750.00	4,750.00 ✓

TOTAL INVOICE

\$ 53,535.54


Authorized Signature per Dorothy Wallis

Project Administrator

10/11/2017
Date

I hereby certify that the information given is true and correct to the best of my knowledge.

OFS Approval

Telephone Number

10/11/2017
Date

*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO: OM&F FISCAL
PAYMENT MANAGEMENT/CONTRACTS
PO BOX 3927
BATON ROUGE, LOUISIANA

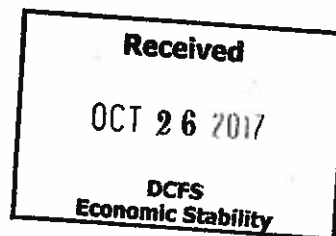
Life Choice Project

*Coordinated Prenatal Care for
Louisiana's Pregnant Women*

October 11, 2017

Department of Social Services
Office of Family Support
627 North 4th Street
5th Floor Cubicle 5-321
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion
September 2017-2018 Reimbursement Invoice



Dear Ms. Leblanc,

Please find attached, our September 2017 Cost Reimbursement Invoice for 2017-2018 Alternative to Abortion Initiative along with the hard copy of the TANF Report for the month of September 2017.


We decided not to add Andrea Venezia to the Clerical Support Specialist position. Lacey Bodley, began working for the State in Lake Charles and will not be working for Life Choice Project.

We would like to Supplement July 2017 invoice for Health Insurance and Supplement August 2016 invoice to bill for Professional Service.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at anytime.

I remain,


Dorothy Wallis
Program Administration
Caring to Love Ministries

Life Choice Project

Coordinated Prenatal Care for
Louisiana's Pregnant Women

Delivery Confirmation

I, the undersigned, acknowledge receipt of the following:

- Letter to Ms. Jeanine Le Blanc
- One Copy
- Cover Letter
- September 2017 Budget Revision Request
- Cost Reimbursement Invoices for September 2017
- Section A: Salary
- Section B: Fringe 4
 - FICA
 - LCTA – Worker Compensation
- Section C: Travel
- Section D: Operating Expenses
 - Cancelled Checks and Wire Transfers
- Section F: Professional services
 - Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers
- Section G: Other Charges – Coordinated Prenatal Care Services
 - Subcontractors' Front Page and Wire Transfer
- Section I: Indirect Costs- Project Administrative
 - Project Administrator Invoice, Time Study and Bank Statements (ACH)
- TANF Report September 2017

Please sign and return via scanned or email to dwallis@ctlm.org

Thank You,

P.O.# 200 224936 - 0917
ACH Transfer Detail Grid for September 2017

Section	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proff of Electronic Bank Statement	Bank Stmt Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	21-24,26-27	25,28	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	33	34	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	N/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	41	42	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie	44-45	46	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	47	48	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	49	50	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	51	52	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Ham	55	56	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Lacey Bodley	57	58	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svd	Sanaretha Gray	59	60	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svs	Michelle Dyess	61	62	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	63	64	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	65	66	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	69	71	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	72	74	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	75	77	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	78	80	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	81	83	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	84	86	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	87	89	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	91	92	Gulf Coast Bank & Tst	5



LCP CHECKING (100526649)

10/11/2017 8:00 AM (Refresh)

Account Information

Summary Details

Balance

Previous Day Transactions (-.00/+ .00):	.00
Current Balance:	84,681.50
Holds:	.00
Pending Transactions (-38,733.82/+ .00):	-38,733.82
Other Transfers:	.00
Available Balance:	47,947.68

Transactions

Total debits: -47,058.82 (22), total credits: +.00 (0)

Show 50

Date ▾	Description ▾	Debit ▾	Credit ▾	Balance
10/11/2017	Sept 2017 (Pending)	500.00		47,947.68
10/11/2017	Sept 2017 (Pending)	150.00		48,447.68
10/11/2017	Sept 2017 (Pending)	100.00		48,597.68
10/11/2017	Sept 2017 (Pending)	250.00		48,697.68
10/11/2017	Sept 2017 (Pending)	200.00		48,947.68
10/11/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	1,255.00		49,147.68
10/11/2017	Ecorp ACH Out RESTORATION PREGNANC (Pending)	4,825.00		50,402.68
10/11/2017	Ecorp ACH Out WOMENS LIFE MINISTRI (Pending)	1,605.00		55,227.68
10/11/2017	Ecorp ACH Out CATHOLIC CHARITIES (Pending)	1,630.00		56,832.68
10/11/2017	Ecorp ACH Out A PREGNANCY CENTER (Pending)	8,595.00		58,462.68
10/11/2017	Ecorp ACH Out WOMENS RES CEN NATCH (Pending)	5,570.00		67,057.68
10/11/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	10,700.00		72,627.68
10/11/2017	Ecorp ACH Out WOMEN RESOURCES COMM (Pending)	1,200.00		83,327.68
10/11/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	12.04		84,527.68
10/11/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	141.78		84,539.72
10/06/2017	Sept 2017	4,500.00		84,681.50
10/06/2017	Sept 2017	2,200.00		89,181.50
10/06/2017	Sept 2017	875.00		91,381.50
10/06/2017	Sept 2017	800.00		92,256.50
10/06/2017	Sept 2017	700.00		93,056.50
10/06/2017	Sept 2017	700.00		93,756.50
10/06/2017	Sept17 Printing	550.00		94,456.50

Additional items prior to 10/06/2017 may be available in the transaction archive.

MEMBER FDIC eStatement/Notice enrollment
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EQUAL HOUSING LENDER

VERISIGN

TRUESECURE

CONTACT US

PO# 2000 224936

SECTION A

SALARY

9:25 AM

Caring To Love Ministries

10/11/17

LCP Payroll Summary-Sept17

September 2017

	Adams, Jashonda M	Gray, Sanaretha A	Hardee, Kim A	TOTAL
Employee Wages, Taxes and Adjustments				
Gross Pay				
Care Pregnancy Clinic Salary	1,880.00	2,000.00	3,050.68	6,930.68
Total Gross Pay	1,880.00	2,000.00	3,050.68	6,930.68
Deductions from Gross Pay				
Health Insurance (taxable)	0.00	0.00	-452.22	-452.22
Total Deductions from Gross Pay	0.00	0.00	-452.22	-452.22
Adjusted Gross Pay	1,880.00	2,000.00	2,598.46	6,478.46
Taxes Withheld				
Federal Withholding	-1.00	-232.00	-340.00	-573.00
Medicare Employee	-27.26	-29.00	-44.23	-100.49
Social Security Employee	-116.56	-124.00	-189.14	-429.70
LA - Withholding	-41.52	-57.33	-72.16	-171.01
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00
Total Taxes Withheld	-186.34	-442.33	-645.53	-1,274.20
Net Pay	1,693.66	1,557.67	1,952.93	5,204.26
Employer Taxes and Contributions				
Medicare Company	27.26	29.00	44.23	100.49
Social Security Company	116.56	124.00	189.14	429.70
Total Employer Taxes and Contributions	143.82	153.00	233.37	530.19

Position-Direct Services	Employee Name	Salary	Blue Cross	FICA	Worker's Comp	Total Fringe	Total
Services Coordinator	Sanaretha Gray	1,900.00 ✓		145.35	45.00	190.35 ✓	2,090.35
Home Prenatal Care Nurse	Kim Hardee	1,600.00 ✓	250.00	122.40	37.89	410.29 ✓	2,010.29
Home prenatal Care Educator	J Monic Adams	980.00 ✓		74.97	23.21	98.18 ✓	1,078.18
Clerical Support							
TOTALS		4,480.00	250.00	342.72	106.10	698.82	5,178.82

NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROMARKS BORDER

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

WINDY BATON ROUGE, LOUISIANA
 84-15954

9335

9/5/17

PAY TO THE ORDER OF Jashonda Monic Adams \$ 838.46

Eight Hundred Thirty-Eight and 46/100 ***** DOLLARS

Jashonda Monic Adams
 11625 Sherwood Valley Ct
 Baton Rouge, LA 70816

VOID AFTER 60 DAYS
 STAR ACCOUNT

Jashonda Adams
 AUTHORIZED SIGNATURE

MEMO Pay Period: 08/16/17 - 08/31/17

THE MICROMARKS BORDER CONTAINS A HEAT SENSITIVE INK. TOUCH OR BREATH ON IT - THE IMAGE DISAPPEARS WITHIN 10 SECONDS.

⑈009335⑈ ⑆065400153⑆

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
 RECEIVED FOR DEPOSIT ON 09/05/17

Jashonda Adams

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

9350

84-18,854

9/20/17

Jashonda Monio Adams

\$ **856.20

Eight Hundred Fifty-Five and 20/100

DOLLARS

**VOID AFTER 60 DAYS
STAR ACCOUNT**

MEMO

Pay Period: 09/01/17 - 09/16/17

AUTHORIZED SIGNATURE

009350 10654001531

[illegible]

☐ CHECK HERE AFTER
MOBILE OR REMOTE DEPOSIT DATE _____

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE
#32400 FOR FINANCIAL INSTITUTION USE

**CHECK MEAT AFTER
ROBOTE ON RESCUE**

POST DATE

1

LCP Budget to reimburse CTLM = \$980.00 for month

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

9340

BATON ROUGE, LOUISIANA

84-16854

9/5/17

PAY TO THE ORDER OF Kim A Hardee \$ 978.47

Nine Hundred Seventy-Six and 47/100 DOLLARS

Kim A Hardee
15947 Haynes Bluff Ave
Baton Rouge, LA 70817

VOID AFTER 60 DAYS
STAR ACCOUNT

Nancy Walker
AUTHORIZED SIGNATURE

MEMO
Pay Period: 08/16/17 - 08/31/17

⑈009340⑈ ⑈065400153⑈

For Electronic Deposit end @ Chase
DO NOT WRITE STAMP OR SIGN BELOW THIS LINE

Kim Hardee

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

BATON ROUGE
LOUISIANA

9353

84-15554

9/20/17

PAY TO THE ORDER OF Kim A Hardee

\$ **976.46

Nine Hundred Seventy-Six and 46/100

DOLLARS

Kim A Hardee
15947 Haynes Bluff Ave
Baton Rouge, LA 70817

VOID AFTER 60 DAYS
STAR ACCOUNT

Kim A Hardee
AUTHORIZED SIGNATURE

MEMO

Pay Period: 08/01/17 - 09/15/17

⑈009353⑈ ⑈065400153⑈

For Deposit Only - JPMC

ENDORSE HERE
Kim A Hardee
For Electronic Deposit to Card
CIRCLE ONE AFTER
MORNING OR NEXT DEPOSIT DATE
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

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SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

WINTNET BATON ROUGE, LOUISIANA

9339

84-15854

9/5/17

PAY TO THE ORDER OF **Sanaretha A Gray**

\$ ****760.67**

Seven Hundred Sixty and 67/100

DOLLARS

Sanaretha A Gray
PO Box 413
Prairieville, LA 70769

VOID AFTER 60 DAYS
 STAR ACCOUNT

[Handwritten Signature]
 AUTHORIZED SIGNATURE

MEMO

Pay Period: 08/16/17 - 08/31/17

⑈009339⑈ ⑆065400153⑆



E Federal CU
 BOFD RT:265473511
 Account:12118
 08/11/2017, 01:03:41 (-05:00) PM
 Item:111308258734

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
 RE-CRACKED FROM FINANCIAL INSTITUTION USE

ENDORSE HERE
Sanaretha A Gray

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$1900.00 for month

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

BATON ROUGE, LOUISIANA

9354

84-15664

9/20/17

PAY TO THE ORDER OF Sanaretha A Gray

\$ **797.00

Seven Hundred Ninety-Seven and 00/100

DOLLARS

Sanaretha A Gray
 PO Box 413
 Prairieville, LA 70769

VOID AFTER 60 DAYS
 STAR ACCOUNT

MEMO

Pay Period: 09/01/17 - 09/15/17

AUTHORIZED SIGNATURE

⑈009354⑈ ⑆065400153⑆

E Federal CU
 BOP 511
 09/21/2017 12:41:53 (-05:00) PM
 Item: 211241508713

CHECK HERE AFTER
 MOBILE OR REMOTE DEPOSIT DATE
 DO NOT WRITE STAMP OR SIGN BELOW THIS LINE
 FILLED IN FOR FINANCIAL INSTITUTION USE

ENDORSE HERE
Sanaretha A Gray

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$1900.00 for month

PO# 2000 224936

SECTION B

FRINGES

GBS60117000181020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL
LIFE INSURANCE COMPANY, INC.

Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814Group ID: 27AGIERC
Subgroup ID: 0000Due Date: 09/15/2017
Billing Date: 08/30/2017Invoice Period From : 09/15/2017
Invoice Period Through: 10/14/2017
Invoice Number : 172420000508

Subscriber Count: 2

Outstanding Balance..... \$0.00

Premiums This Period..... \$2,134.03

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$2,134.03

Please Pay Total Amount Due

\$2,134.03

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ⇌

SECTION B-FRINGS-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

15

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICROTAINED INK

CARING TO LOVE MINISTRIES
 OPERATING ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LA 70814
 (225) 273-1124

WITNEY BATON ROUGE, LOUISIANA

84-15/664

17698

9/12/17

PAY TO THE ORDER OF Blue Cross Blue Shield \$ **2,134.03

Two Thousand One Hundred Thirty-Four and 03/100 DOLLARS

Blue Cross Blue Shield
 P.O. Box 650007
 Dallas, TX 75265

VOID AFTER 60 DAYS
 OPERATING ACCOUNT

Norathy Walker
 AUTHORIZED SIGNATURE

MEMO
 Group ID 27A61ERC Subgroup 0000 9/15-10/14/1

⑈017698⑈ ⑆065400153⑆

000104 032 091817 1088
 30M33ERC DAL CRED TO PAYEE
 0712305424/12 ABS END GUAR
 091817 236828 032 064
 091817 236830 098 196 083 48

ENDORSE HERE

CHECK HERE AFTER
 ADVISE FOR FIVE DAYS

SECTION B-FRINGS-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month



Electronic Federal Tax Payment System

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TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxxx7636

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:

270767812844692

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information
Entered Data

Taxpayer EIN	xxxxx7636
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q3/2017
Payment Amount	\$3,296.26
Settlement Date	10/05/2017
Subcategories:	
1 Social Security	\$1,863.48
2 Medicare	\$435.78
3 Tax Withholding	\$997.00
Account Number	xxxxx6585
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

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PO# 2000 224936-0917

Section A-Fringes-Fica

Page 1 of 1

\$ 342.72

LCP Budget to reimburse CTLM = ~~\$441.88~~ for month

17

PO# 2000 224936-0917

Section 1 - Fringes Workers' Comp



Workman's Comp Life Choice

106.10 (V)

\$136.80 Section B

LCTA CASUALTY INSURANCE COMPANY CTLM

\$152.20 182.90

SELF-REPORTING WORKSHEET

Total = \$289.00 + fee \$5.00 = 294.00

Page 1 of 2 117
Print Date: 9/26/2017

Care Pregnancy Clinic
Caring to Love Ministries Inc
3813 N Flannery
Baton Rouge, LA 70814

Agent: 576
Ozark South Central Insurance
(225)775-7614

Carrier Policy #: WC-1-019438-117
Rating State: LA
Payment Due: 10/15/2017

Policy No.: 001000019438117

Division: 0

Policy period: 1/01/2017 - 1/01/2018
Reporting Period: 9/01/2017 - 9/30/2017

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noc	71655.91	.29	22.20
8864	Social Svcs Org-All Employees	10,340.68	2.58	266.79
<p>Life Choice = 106.10 (V) \$136.80 CTLM = \$152.20 182.90 TOTAL = \$289.00 + fee \$5.00 = 294.00</p>				
**** If no payrolls, report "none" ****				
Discounts included in lines (9) (13):		(6) Total Manual Premium 288.99		
		(7) Increased Limits .000% +		
		(8) Subtotal = 288.99		
		(9) Discount factor before modifier x 1.000		
		(10) Subtotal = 288.99		
		(11) Experience Modifier x		
Months not reported:		(12) Subtotal = 288.99		
		(13) Discount factor after modifier x 1.000		
		(14) Total Premium Due = 288.99		
Make check payable to: LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510		(15) Add cents to round .01		
		(16) +		
		(17) Previous Balance + .00		
		(18) Total Due = 289.00		

For billing inquiries, call: PREMIUM ACCT 225-242-4443

Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie Warrin

Title: Accountant

Date: 10/4/17

18

+ processing fee \$5.00 = 294.00

Copy of payment receipt from LCTA WORKERS COMP

BusinessServices@intuit.com

Mon 10/9/2017 11:44 AM

To: luv luv <luv@ctlm.org>;

Dear Care Pregnancy Clinic

Below is the sales receipt provided to you by LCTA WORKERS COMP

Transaction Receipt			
Transaction Type	Sale	Amount:	\$294.00
Name:	Care Pregnancy Clinic	Date & Time:	10/09/2017 - 09:44 PDT
Check Information			
Account No.:	*****69	Account type:	Checking
Routing No.:	*****153		
Payment ID			
Authorization Code:	577-971	Transaction ID:	a0gsusa0

Thank you for your order,
LCTA WORKERS COMP

LCTAACCOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA WORKERS COMP to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$294.00 on or after 10/09/2017 - 09:44 PDT . If you have any questions about this payment or your authorization, you may contact LCTA WORKERS COMP at LCTAACCOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PO# 2000 224936-0917

Section B-Fringes-Worker's Comp

Page 2 of 2

SECTION 1-FRINGS-Worker's Comp

LCP Budget to reimburse CTLM = ^{106.10} ~~\$136.80~~ for month

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PO# 2000 224936

SECTION C

TRAVEL

Jashonda - 278 miles	\$141.78
Kim 23.60 miles	\$12.04
	<hr/>
	\$153.82

TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

ACH = \$141.78

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Jashonda Monic Adams

ADDRESS

11625 Sherwood Valley Ct

CITY: Baton Rouge, LA 70816

DATE OF CLAIM

9-30-17

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

9/1/17 - 9/30/17

Expense Summary

Automobile:	Lump-Sum Allowance		\$	
	Per Mile Cost:	278	mi. @ .51	\$
			mi. @ .51	\$ 141.78
Subsistence:	Lodging		\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)		\$	\$
Tolls and Parking				\$
Tips (for baggage handling only)				\$
Other Expenses				\$
Less: Travel Advance				\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients			\$ 141.78

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

TITLE OR POSITION

OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

NAME

SIGNED BY:

CEO/President

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

ACH = \$141.78

Page 2 of 2 Travel Expense Form
 BA-12 (3/97)
 September 2017

Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Subsistence			Other Expenses	
	Dep	Arr		Depart	Arrive		Lodging	Meals	Tolls and Parking	Description	Cost
9/1/2017	10:21:00 AM	10:45:00 AM	3813 N. Flannery Rd, BR, LA, 70817 to 17328 Kaldyn Dr, BR, LA 70817	112241	112254	13					
9/1/2017	11:00:00 AM	11:31:00 AM	17328 Kaldyn Dr, BR, LA 70817 to 1331 N. Sherwood Blvd, apt 229, BR, LA 70815	112254	112262	8					
9/1/2017	11:31:00 AM	12:07:00 PM	1331 N. Sherwood Blvd, apt 229, BR, LA 70815 to 3813 N. Flannery Rd, BR, LA, 70817	112262	112266	4					
9/6/2017	1:15:00 PM	1:46:00 PM	3813 N. Flannery Rd, BR, LA, 70817 to 1726 Mast Dr, BR, LA 70820	112430	112444	14					
9/6/2017	2:11:00 PM	2:34:00 PM	1726 Mast Dr, BR, LA 70820 to 3813 N. Flannery Rd, BR, LA, 70817	112444	112458	14					
9/11/2017	11:07:00 AM	11:27:00 AM	3813 N. Flannery Rd, BR, LA, 70817 to 15179 W. Beaver Dr, Pride, LA 70770	112536	112548	12					
9/11/2017	12:00:00 PM	12:33:00 PM	15179 W. Beaver Dr, Pride, LA 70770 to 3813 N. Flannery Rd, BR, LA, 70817	112548	112560	12					
9/11/2017	2:56:00 PM	3:09:00 PM	3813 N. Flannery Rd, BR, LA, 70817 to 17070 Greenwell Springs RD, ste B 70739	112566	112571	5					
9/11/2017	3:20:00 PM	3:45:00 PM	17070 Greenwell Springs RD, ste B 70739 to 3813 N. Flannery Rd, BR, LA, 70817	112571	112576	5					
9/11/2017	3:52:00 PM	4:00:00 PM	3813 N. Flannery Rd, BR, LA, 70817 to 3204 Brady St, BR, LA, 70805	112576	112585	9					
9/11/2017	4:24:00 PM	4:46:00 PM	3204 Brady St, BR, LA, 70805 to 3813 N. Flannery Rd, BR, LA, 70817	112585	112594	9					
						0					
						0					

Total Miles Traveled 105
 Rate per Mile 0.51
 Total Amount to Bill \$ 53.55

ACH = \$141.78

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel

BA-12 (3/97)

September 2017

September 2017

Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Lodging		Meals		Tolls and Parking		Other Expenses	
Dep	Arr		Depart	Arrive		No.	Cost	Tips	Description	Cost			
9/12/2017	1:26:00 PM	1:53:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 8393 Slegen Ln, BR,LA, 70810	112609	112619	10							
9/12/2017	2:20:00 PM	2:45:00 PM	8393 Slegen Ln, BR,LA, 70810 to 3256 Canonicus St, BR, LA,70805	112619	112632	13							
9/12/2017	3:05:00 PM	3:24:00 PM	3256 Canonicus St, BR, LA,70805 to 3813 N. Flannery Rd, BR ,LA 70814 to 3813 N. Flannery Rd, BR ,LA 70814 to 3813 N. Flannery Rd, BR ,LA 70814 to 426 Martin Luther King Jr Dr, DS, LA 70726	112632	112641	9							
9/13/2017	9:47:00 AM	10:10:00 AM	426 Martin Luther King Jr Dr, DS, LA 70726 to 3813 N. Flannery Rd, BR ,LA 70814	112642	112650	8							
9/13/2017	10:35:00 AM	10:42:00 AM	3813 N. Flannery Rd, BR ,LA 70814	112650	112658	8							
9/15/2017	11:13:00 AM	11:45:00 AM	3813 N. Flannery Rd, BR ,LA 70814 to 5151 Plank Rd, BR,LA 70805	112704	112714	10							
9/15/2017	12:06:00 AM	12:34:00 PM	5151 Plank Rd, BR,LA 70805 to 3813 N. Flannery Rd, BR ,LA 70814	112714	112724	10							
9/15/2017	1:39:00 PM	2:00:00 AM	3813 N. Flannery Rd, BR ,LA 70814 to 7612 Glenetta Ct, BR, LA 70812	112724	112732	8							
9/15/2017	2:26:00 PM	2:49:00 PM	7612 Glenetta Ct, BR, LA 70812 to 3813 N. Flannery Rd, BR ,LA 70814	112732	112740	8							
9/18/2017	10:20:00 AM	10:31:00 AM	3813 N. Flannery Rd, BR ,LA 70814 to 2220 Sherwood Forest Blvd,BR,LA 70816 to 2220 Sherwood Forest Blvd,BR,LA 70816 to 3813 N. Flannery Rd, BR ,LA 70814 to 3813 N. Flannery Rd, BR ,LA 70814 to 6142 Glen Echo Dr, BR,LA 70811	112813	112818	5							
9/18/2017	11:29:00 AM	11:40:00 AM	3813 N. Flannery Rd, BR ,LA 70814 to 6142 Glen Echo Dr, BR,LA 70811	112818	112823	5							
9/19/2017	10:35:00 AM	10:53:00 AM	6142 Glen Echo Dr, BR,LA 70811	112842	112851	9							
	11:12:00 AM	11:39:00 AM	3813 N. Flannery Rd, BR ,LA 70814	112851	112860	9							

Total Miles Traveled 112 ✓
 Rate per Mile 0.51
 Total Amount to Bill \$ 57.12

23

ACH = \$141.78

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Transfer Confirmation as of 10/09/2017 9:58 AM

CARE PREGNANCY CLINI		Transfer Summary	
Transfer Date:	10/11/2017	Number of Transfer Items:	1
Transfer Amount:	141.78	Total of Transfer Amounts:	141.78
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	2650-70435		
From Account Type:	Demand Deposit		
From Account:	100526649		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	[REDACTED]		
Status:	Approved		

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BA-12 (3/97)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

ACH = \$12.04

NAME OF OFFICER OR EMPLOYEE
Kim Hardee

ADDRESS
15947 Haynes Bluff Ave.

CITY
Baton Rouge, La 70817

DATE OF CLAIM 09/30/17

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD 09/01/17-09/30/17

Expense Summary

Automobile:	Lump-Sum Allowance		\$	
	Per Mile Cost:	ml. @ .51	\$	
	23.6	ml. @ .51	\$ 12.04	\$ 12.04
Subsistence:	Lodging		\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)		\$	\$
Tolls and Parking				\$
Tips (for baggage handling only)				\$
Other Expenses				\$
Less: Travel Advance				\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients			\$ 12.04

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

TITLE OR POSITION

OFFICIAL DOMICILE

Home Prenatal Care Nurse

E. Baton Rouge

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

CEO/President

NAME

SIGNED BY:

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

ACH = \$12.04

DATE	HOUR <small>(SPECIFY AM/PM)</small>		TERRITORY TRAVELED SHOW ALL POINTS VISITED	ODOMETER READING		MILES TRAV.	SUBSISTENCE			TOLLS AND PARK.	TIPS	OTHER EXPENSES	
				DEPART	ARRIVE		LODGING	MEALS				DESCRIPTION	COST
	DEP.	ARR.						COST	NO.				
0912017			3813 N. Flannery Baton Rouge 70814 La. TO										
09152017	1:45pm	2:02pm	6910 Airline Hwy Baton Rouge, La 70805	39510	39516.6	6.6							
090152017	2:20 pm	2:30 pm	6910 Airline Hwy. Baton Rouge, La. 70805 TO 4127 Prevost St Baton Rouge, La. 70802	39510 39516.6	39520	3.3							
091502017	2:55pm	3:25 pm	7127 Prevost St. Baton Rouge, La. 70802 TO 3813 N. Flannery Baton Rouge, La 70804	39520	39528.6	8.1							
09222017	2:10 pm	2:25pm	3813 N. Flannery Baton Rouge, La. 70814 TO 13912 Goodwood Baton Rouge, La. 70815	39520 40622.8	40622.8	2.8							
09222017	2:50 pm	3:15 pm	13912 Goodwood Baton Rouge, La. 70815 TO 3813 N. Flannery Baton Rouge, La. 70814	40622.8	40625.6	2.8							
09222017	2:50 pm	3:15 pm											
			TOTALS			23.6	\$		\$		\$		\$

$$\frac{15.51}{\$12.04}$$

ACH = \$12.04

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Transfer Confirmation as of 10/09/2017 9:58 AM

CARE PREGNANCY CLINI		Transfer Summary	
Transfer Date:	10/11/2017	Number of Transfer Items:	1
Transfer Amount:	12.04	Total of Transfer Amounts:	12.04
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	2650-70435		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	055 [REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	118582451		
Status:	Approved		

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SECTION D

~~Printing~~ ~~Promotional~~ OPERATING EXPENSES

Ad Choice	- 9-1-17	- \$174.00	Ad America 337.95
Lifechoice	- 9-1-17	- \$163.95	
Randy Rice	- 9-1-17	- \$550.00	
		<u>887.95</u>	

Copy machine - delage - \$250.00 - 9.23.17 pd 10/31/17

Internet - att / CTL - \$195.00 - 9.19.17 - pd 10/2/17

Website - woofoo - autopay 9/20/17 \$14.95

Know for Sure - 9/30/17 - \$875.00 - pd 10/6/17 29

Ad America[☆]

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
9/1/2017	225493

Bill To

Caring to Love Ministries
Life Choice Project
Dorothy Wallis
3813 North Flannery Road
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
<p>PO# 2000 224936-0917</p> <p>SECTION D-Operating Expense-Printing</p> <p>LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America</p> <p>Plus 550.00 Randy Rice & Assoc equals \$887.95</p>			
		Total	\$174.00

Page 1 of 5



Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575
Fax: 866 324-5531

Date	Invoice #
9/1/2017	225494

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-0917		Page 2 of 5	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America			
Plus 550.00 Randy Rice & Assoc equals \$887.95			
		Total	\$163.95

CARING TO LOVE MINISTRIES

OPERATING ACCOUNT
 7813 N. FLANNERY ROAD
 BATON ROUGE, LA 70814
 (225) 873-1124



BATON ROUGE,
 LOUISIANA

17686

84-15854

9/1/17

PAY TO THE
 ORDER OF

Ad America

\$ 337.95

Three Hundred Thirty-Seven and 95/100

DOLLARS

Ad America
 18308 Wickham Rd, Ste B
 Olney, MD 20832

VOID AFTER 60 DAYS
 OPERATING ACCOUNT

MEMO

[Handwritten Signature]
 AUTHORIZED SIGNATURE

⑈017686⑈ ⑆065400153⑆

386616020070 100611 20170908 000000000

TRN_DEBIT

JKAUR5

33795

Olney 3866

⑈100000000000⑈

PAY TO THE ORDER OF
 TO CASH
 FOR DEPOSIT ONLY
 AD AMERICA INC.
 4801234567

PO# 2000 224936-0917

Page 3 of 5

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Plus 550.00 Randy Rice & Assoc equals \$887.95

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8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451

DATE	INVOICE #
9/1/2017	13917

Caring to Love Ministries
3813 North Flannery
Baton Rouge, La 70814

DESCRIPTION	AMOUNT
<p>August Social Advertising</p> <p>Social Media Marketing Campaign Facebook & Instagram 7,470 People Reached ,495 Post Engagements</p>	550.00
<p>PO# 2000 224936-0917</p> <p>SECTION D-Operating Expense-Printing</p> <p>LCP Budget to reimburse CTLM = $163.95+174.00=337.95$ for Ad America</p> <p>Plus 550.00 Randy Rice & Assoc equals \$887.95</p>	
Thank you for your business.	<p>Total</p> <p>\$550.00</p>

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Transfer Confirmation as of 10/05/2017 9:08 AM

RANDY RICE & ASSOC Transfer Date: 10/06/2017 Transfer Amount: 550.00 From Account Nickname: LCP CHECKING From Institution R/T Number: 2650-70435 From Account Type: Demand Deposit From Account: [REDACTED] To Institution R/T Number: 0654-00137 To Account Type: Demand Deposit To Account: [REDACTED] Confirmation Number: [REDACTED] Status: Approved		Transfer Summary Number of Transfer Items: 1 Total of Transfer Amounts: 550.00 Important: You May Want to Print this Page for Future Reference.
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SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Plus 550.00 Randy Rice & Assoc equals \$887.95

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DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1802

REMITTANCE SECTION

Invoice Number: 56341965
Due Date: 10/15/2017
Due This Period: \$555.75

Amount Enclosed: \$ _____

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1802



CARE PREGNANCY CLINIC
ATTN AP
3813 N FLANNERY RD
BATON ROUGE LA 70814-8002

2100000563419650000555751

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1802
800-736-0220

Contract Number: 25427116
Invoice Number: 56341965
Account Number: 854059
Site Number: 3851293
Invoice Date: 09/23/2017
Period of Performance: 09/15/2017-10/14/2017
Due This Period: \$555.75

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- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25427116	CFKF69481		TO8HIB / ES3505AC	25427116_1				\$294.56	\$29.46	\$324.02
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	DRL28209		CANON / IR1028IF	25427116_3				\$27.75	\$2.78	\$30.53
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	HRP09882		CANON / IRA4035	25427116_2				\$158.58	\$15.88	\$174.44
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
Asset Amount Total:									\$528.99	

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

Confirmation

Thank You! Your payment has been made.

CARE PREGNANCY CLINIC

Dorothy Wallis
ATTN A P
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Payment Date	10/03/2017
Payment Method	CTLM Operating WHITNEY BANK *****6569
Total Payment	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Monday, October 02, 2017 12:00 PM ET will be posted on Monday, October 02, 2017. Payments confirmed after Monday, October 02, 2017 12:00 PM ET will be posted on Tuesday, October 03, 2017.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

Confirmation Number	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3105008646	854059- 3951293	9/23/2017	56341965	10/15/2017	\$555.75	\$555.75

PO# 2000 224936-0917

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

Invoice No. LCP 09/30/2017
P.O.# 2000 224936**INVOICE****Customer**Name Life Choice Project
Address 3813 N. Flannery Road
City Baton Rouge State LA ZIP 70814
Phone 225-273-1124

Date 9/30/2017

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Cost for Internet Usage	\$ 195.00	\$ 195.00

SubTotal \$ 195.00

Payment

Please make check payable to:

Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814**TOTAL** \$ 195.00

Office Use Only

PO# 2000 224936-0917

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

CARING TO LOVE MINISTRIES
INC.
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page 1 of 4
Account Number 171-800-0934 001
Billing Date Sep 19, 2017
Questions? 1 800 358-1111
Web Site attl.com
Invoice 5797897306
AT&T Tax ID 13-4924710

Invoice

Bill-At-A-Glance

Previous Bill	700.72
Payment - Thank You!	700.72CR
Adjustments	.00
Balance	.00
Current Charges	702.31
Total Amount Due	\$702.31
Payment Due Date	Oct 19, 2017

Group #000001 3813 Flannery Rd Baton Rouge - Continued

Taxes	
State:	
8. LA/LOUISIANA	7.01
Total Taxes	7.01
Total Sub-Account #829-000-2551 191	667.81
Sub-Account #831-000-6867 906	
Charges for Subscriber/Router ID 0000628461	
3813 N FLANNERY RD	
BATON ROUGE, LA 70814	
Taxes	
County:	
9. LA/LOCAL 911 CHARGE	34.50
Total Taxes	34.50
Total Subscriber/Router ID 0000628461	34.50
Total Sub-Account #831-000-6867 906	34.50
Total Group #000001	702.31

Total Current Charges 702.31

Billing Summary

For detailed information of your charges go to
www.businessdirect.att.com

Questions? Call: 1 800 358-1111

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	667.81
Sub-Account #831-000-6867 906	34.50
Total Group #000001	702.31
Total Current Charges	702.31

Current Charges

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	
Fiber Broadband	
Recurring Charges:	
Sep 18, 2017 thru Sep 18, 2017	
1. Fiber Broadband Bundle 10M/23CC	587.50
ABN Fiber Broadband Discount 662.50CR	
Total Fiber Broadband	587.50
Surcharges and Other Fees	
2. Universal Connectivity Charge - Interstate	21.15
3. Administrative Expense Fee - Interstate	1.53
4. Property Tax Allotment - Interstate	4.21
5. Federal Regulatory Fee - Interstate	5.89
6. Federal Access Recovery Fee	37.09
7. LA UNIVERSAL SERVICE FEE	3.43
Total Surcharges and Other Fees	73.30

News You Can Use

News You Can Use

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect and View Bills, Please contact your Account Executive.

Return bottom portion with your check in the enclosed envelope.

DUE BY: Oct 19, 2017 \$702.31

Billing Date Sep 19, 2017

Account Number **171-800-0934 001**
Please include your account number on your check

CARING TO LOVE MINISTRIES
INC.
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Make checks payable to:

AT&T
P.O. Box 5019
Carol Stream, IL 60197-5019

PO# 2000 224936-0917

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

17180009340015778797306088200000007023100000702313

10/2/2017

1718000934001 CARING TO LOVE MINISTRIES



vickiebdavis@gmail.com

Authenticated by att.com Valid Signature

From: g45809@att.com
To: vickiebdavis@gmail.com
Sent: Oct 2, 2017 1:34:31 PM EDT
Subject: 1718000934001 CARING TO LOVE MINISTRIES
Attached: .25.pdf (195 kb)

Make a Payment

Account: **1718000934001**
Bill Name: **CARING TO LOVE MINISTRIES**

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Visa ...0848 Dorothy Wallace ...0848 Exp. 12/2019	5LT7CSR1J05825H	10/02/17	\$702.31

Invoice Number	Invoice Amount	Invoice Current Charges	Payment Amount
5797897306	702.31	702.31	702.31

Regards,
Damon Sandness
AT&T MERK Escalation Team
Tel: (866) 502-9421
Email: ds565d@att.com

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PO# 2000 224936-0917

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

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Wufoo.com Bill #2345732
Paid by Credit Card \$14.65 Wufoo.com ***

Wufoo Billing <no-reply@wufoo.com>

Wed 9/20/2017 10:04 AM

To: webdevelopment webdevelopment <webdevelopment@ctlm.org>; luv luv <luv@ctlm.org>;



Infinity Box Inc.

3050 South Delaware Street
San Mateo, CA 94403
United States

Billed To :

Dorothy H Wallis
3813 N. Flannery Road
70814
United States

2017-09-20

Transaction ID: # 2345732

Wufoo Bill

Thanks for your payment! This email confirms that your credit card ending in **0848** was charged **\$14.95** for your Wufoo subscription. This transaction will appear on your credit card statement from **"Wufoo.com/charge/"** Please keep a copy of this bill for your records and for future reference. If you have any questions, comments, or concerns about this bill, please send them on to billing@wufoo.com

Your subscription will automatically renew and you'll be billed \$14.95 each month until you cancel it. See Cancellation Information for more details.

Thanks again for using Wufoo and happy form building!

Sources for Women
A ministry of Caring To Love Ministries
3813 N Flannery Rd
Baton Rouge, LA 70814

Invoice No. LCP 09/30/2017
P.O.# 2000 224936

INVOICE**Customer**

Name Life Choice Project
Address 3813 N. Flannery Road
City Baton Rouge State LA ZIP 70814
Phone 225-273-1124

Date 9/30/2017

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Service Cost for Answering Services	\$ 875.00	\$ 875.00

SubTotal \$ 875.00

Payment

Please make check payable to:
Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

TOTAL \$ 875.00

Office Use Only

SECTION D-Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

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Transfer Confirmation as of 10/05/2017 9:10 AM

KNOW FOR SURE		Transfer Summary	
Transfer Date:	10/06/2017	Number of Transfer Items:	1
Transfer Amount:	875.00	Total of Transfer Amounts:	875.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	2650-70435		
From Account Type:	Demand Deposit		
From Account:	100526649		
To Institution R/T Number:	0654-00153		
To Account Type:	Demand Deposit		
To Account:	48236607		
Confirmation Number:	118911010		
Status:	Approved		

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SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

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Accounting - Direct Mail Service - 9/30/17 - \$2800.00 pd 10/6/17

Rel C - Garena Rodley - Sept 2017 - \$1,200.00 - pd.
PO# 2000 224936

PR - Randy Rice - 9/30/17 - \$700.00 - pd 10/6/17

Webmaster - Kathleen Benfield - \$700.00 - 9/30/17 - pd 10/6/17
SECTION F

MT - Turnkey - 9/1/17 - \$250.00 - pd 9/25/17

PROFESSIONAL

PTS - J. Hamm - 9/30/17 - \$800.00 pd 10/6/17
Lacy Rodley - 9/2/17 - \$200.00 pd 10/11/17
Saraetha Gray - 9/30/17 - \$100.00 pd 10/11/17
Michelle Dyer - 9/29/17 - \$250.00 pd 10/11/17
Emily Ugenfity - 9/30/17 - \$150.00 pd 10/11/17
Alexis Tarrucja - 9/30/17 - \$500.00 pd 10/11/17
\$2,000.00

Direct Mailing Services, Inc.

ACH = \$2200.00

Invoice12562 N Lake Shore Dr
Walker, LA 70785

Date	Invoice #
9/30/2017	559

Bill To
Life Choice Project CTLM 3813 N Flannery Rd Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-September 2017	2,200.00	2,200.00
		Total	\$2,200.00

ACH = \$2200.00

Life Choice Project
Caring To Love Ministries
PO # 2000 224936-0917
September 2017

Detailed Description for Professional: Accounting Services

		Direct Mailing Services (Vickie Davis)	<u>\$ 2,200.00</u>
<u>Date</u>	<u>Hours</u>	<u>Description</u>	
9/4/2017	8	Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
9/5/2017	8	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
09/11-09/14/2017	15	Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
9/18/2017	8	Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 3 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
9/20/2017	8	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
9/25/2017	8	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Prepare for all ACH payments due next week Compare LCP expenditures to Budget	
9/29/2017	6	Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
<u>61</u>		<u>Total Hours Worked</u>	

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ACH = \$2200.00

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DIRECT MAIL SERVICE		Transfer Summary	
Transfer Date:	10/06/2017	Number of Transfer Items:	1
Transfer Amount:	2,200.00	Total of Transfer Amounts:	2,200.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	2650-70435		
From Account Type:	Demand Deposit		
From Account:	100526649		
To Institution R/T Number:	0650-00090		
To Account Type:	Demand Deposit		
To Account:	792094392		
Confirmation Number:	118915194		
Status:	Approved		

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Resources for Communities

Garcia Bodley
P.O. Box 73215
Baton Rouge, LA 70874
Phone: (225) 328-1965

Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814
(225) 273-1124

INVOICE

Invoice #: 2017-900

For: Services: September, 2017

Location: Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
9/10, 9/17	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
9/2, 9/7, 9/8	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	3		
ongoing throughout month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	2		
ongoing	Development and editing of E-Choice Month Newsleter	6		
11-Sep	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		16	\$ 75.00	\$1,200.00

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Transfer Confirmation as of 10/09/2017 10:00 AM

WOMEN RESOURCES COMM	
Transfer Date:	10/11/2017
Transfer Amount:	1,200.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	2650-70435
From Account Type:	Demand Deposit
From Account:	100526649
To Institution R/T Number:	0650-00090
To Account Type:	Demand Deposit
To Account:	2043507195
Confirmation Number:	119002570
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	1,200.00
Important: You May Want to Print this Page for Future Reference.	

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ACH = \$1200.00

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GULF COAST BANK
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To Whom It May Concern,

It has come to our attention that you have a question about an ACH that was initiated by Caring to Love Ministries on 10/11/17.

The ACH for \$1200.00 dated 10/11/17 is correctly going to the vendor's routing and account number provided to us by the vendor. The name "Women Resources Comm" is just a template name, a nickname if you will in our banking system, given to this vendor at the inception of the ACH's back in 2013. The payment reflected is accurate.

Please let us know if you have any further questions. I can be contacted at brittainyfields@gulfbank.com or 225-757-4462.

Thank you,

Brittainy Fields
Branch Manager
Gulf Coast Bank and Trust
7235 Jefferson Highway
Baton Rouge, LA 70806
P: 225-757-4462
E: Brittainyfields@gulfbank.com

Jeanine M. LeBlanc

From: Jeanine M. LeBlanc
Sent: Wednesday, November 01, 2017 1:58 PM
To: 'Dorothy Wallis'
Subject: RE: 2000224936 Ctl. September 2017 Letter from Gulf Coast Bank

Thank you. I'll let you know if we need anything else.

j

From: Dorothy Wallis [mailto:dwallis@ctlm.org]
Sent: Wednesday, November 01, 2017 1:41 PM
To: Jeanine M. LeBlanc
Cc: Dorothy Wallis
Subject: 2000224936 Ctl. September 2017 Letter from Gulf Coast Bank

Ms. LeBlanc,

I have attached a letter from Gulf Coast Bank explaining the reason for the name change from Resources for Communities to Women Resources Comm.

If I may be of further assistance please let me know.

Many thanks for bring this to our attention.

Loving Life,

Dorothy Wallis, M.Div
President & CEO


225-215-0004 off
225-273-5931 fax
dwallis@ctlm.org

"Teamwork can help you accomplish greatness."

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From: Jeanine M. LeBlanc [mailto:Jeanine.LeBlanc.DCFS@LA.GOV]
Sent: Wednesday, November 1, 2017 11:07 AM

To: Dorothy Wallis <dwallis@ctlm.org>

Subject: 2000224936 Ctl. September 2017 invoice info needed

Ms. Wallis:

You requested reimbursement for payment to Resources for Communities but the payment information you provided states Women Resources Comm. Please email verification of payment of the Resources for Communities bill no later than Monday, November 6, 2017.

Thank you.

Jeanine LeBlanc

Jeanine LeBlanc
ES Program Consultant
Dept. Children and Family Services
627 North Fourth Street, 5-321
Baton Rouge, LA 70802
Jeanine.LeBlanc@la.gov
Office 225-342-5417
Fax 225-342-2536

Randy Rice and Associates ACH = \$700.00

8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451

Invoice

DATE	INVOICE #
9/30/2017	13918

Louisiana Life Choice Project
3813 North Flannery
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
<p>September PR Invoice</p> <p>Life Choice: LPC Public Relations 20.50 Hrs @ \$39.00 per hour</p> <p>4-Gathering of ratings for Radio and/or Television for each station 9-4-16 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 9-4-16 3.0-Negotiation of rates for each of the Radio and/or Television Stations 9-5-16 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 9-5-16 2-Audit of all invoices from each station to ensure that all spots ran as ordered 9-18-16 1.5-Send discrepancy notices for all spots not ran correctly 9-18-16 1-Issuance of credit in the event spots ran incorrectly 9-18-16 1-Arrange for Deliverables 9-18-16 1.5-Processing and delivery of Deliverables 9-18-16</p>	700.00
Thank you for your business.	<p>Total \$700.00</p>

ACH = \$700.00

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Transfer Confirmation as of 10/05/2017 9:11 AM

RANDY RICE & ASSOC

Transfer Date: 10/06/2017
Transfer Amount: 700.00
From Account Nickname: LCP CHECKING
From Institution R/T Number: 2650-70435
From Account Type: Demand Deposit
From Account: 100320047
To Institution R/T Number: [REDACTED]
To Account Type: Demand Deposit
To Account: 2650-70435
Confirmation Number: 100320047
Status: Approved

Transfer Summary

Number of Transfer Items: 1
Total of Transfer Amounts: 700.00

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PO# 2000 224936-0917 Section F-Professional-Webmaster

Page 1 of 2

ACH = \$700.00

Invoice

Kathleen Benfield Consultants

P.O. Box 10305
New Orleans, LA 70181

Invoice #: 201169
Invoice Date: 9/30/2017

Terms	Net 30
-------	--------

Bill To:

Life Choice Project
Dorothy Wallis
3813 N. Flannery Rd.
Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for September, 2017 including training, modifications to web based database and reporting	700.00	1	700.00
09/07/17 - Conference Call - Website upgrade		0.5	0.00
09/11/17 - Conference Call - Website upgrade		1	0.00
09/11/17 - Website Upgrade		1	0.00
09/25/17 - Website Upgrade		1	0.00
09/25/17 - Directors Technical Support		3	0.00
09/228/17 - Website modifications		1	0.00
09/28/17 - Directors Technical Support		1	0.00

Total \$700.00

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

Balance Due \$700.00

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ACH = \$700.00

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& Trust Company

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Transfer Confirmation as of 10/05/2017 8:12 AM

K BENFIELD & ASSOC

Transfer Date: 10/06/2017
Transfer Amount: 700.00
From Account Nickname: LCP CHECKING
From Institution R/T Number: [REDACTED]
From Account Type: Demand Deposit
From Account: [REDACTED]
To Institution R/T Number: [REDACTED]
To Account Type: Demand Deposit
To Account: [REDACTED]
Confirmation Number: 1 [REDACTED]
Status: Approved

Transfer Summary

Number of Transfer Items: 1
Total of Transfer Amounts: 700.00

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PO# 2000 224936-0917

Section F-Professional-Infor. Technology Page 1 of 2

Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444



PAID

Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date	Invoice
09/01/2017	10028856

Terms	Due Date	PO Number	Reference
Net 30 days	10/01/2017		Monthly Billing for September
PLAN TYPE DESIGNATION: "PRIME FIXED FEE" SEATS INCLUDED: 7 HELPEDESK INCLUDED FOR: ALL OFFICE STAFF PRIMARY components of your selected support plan: <ul style="list-style-type: none"> * The full TKS Partner Pulse Process * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about. * Network Security & Risk Assessment Scheduled regularly throughout the year * TKS' Gold Standard Implementation at no extra cost * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems * Offsite monitoring and log review of your firewall * 24 x 7 monitoring of your system STRATEGY, VCIO, AND STANDARDS: <ul style="list-style-type: none"> * VCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring * Full suite of reports delivered daily, weekly, and monthly to keep you informed DISASTER RECOVERY: <ul style="list-style-type: none"> * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective) * Remote support to restore service is included and not billable * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount). REMOTE HELP DESK: <ul style="list-style-type: none"> * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT. * Unlimited remote Server Administration, User Account Management * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved. * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them. ONSITE SERVICES: <ul style="list-style-type: none"> * Regularly scheduled VCIO and Wellness Checkups are included and not billed separately. * Onsite support and other services are billed separately, at 75% of regular rates (25% discount). LOCAL BUDGET TO REIMBURSE CTLM = \$250.00 <ul style="list-style-type: none"> * PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability. * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS. * All other project work is billed separately, at 75% of regular rates (25% discount). CLOUD & MOBILITY SERVICES: <ul style="list-style-type: none"> * Not included, available separately 			

Please make checks payable to Turn Key Solutions, LLC Mail to: 11911 Justice Ave, Baton Rouge, LA 70816 or use https://www.billandpay.com/go/tks	Invoice Subtotal:	1,101.04
	Sales Tax:	109.82
	Invoice Total:	1,210.86

LCP Budget to reimburse CTLM = \$250.00

Thank you for your business. If there is anything we can do to serve you better, please let us know. If you have questions

53

\$250.

Payment Receipt
TurnKey Solutions, LLC
11911 Justice Ave
Baton Rouge, LA 70816
225-751-4444
ar@turnkeysol.com

Date: 09/25/2017
Confirmation Code: 1355310-6628-1689936213
Customer: Caring To Love Ministries
Amount: \$1,210.88
Name On Account: Dorothy H. Wallace
Account: Credit Card *****0848

Item	Date Created	Due Date	Amount Paid
Invoice 10028856	09/01/2017	10/01/2017	\$1,210.88

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

J HAM ENTERPRISES, INC.

INVOICE

Date: September 30, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**J Ham Enterprises, Inc.
812 Sandy Lane
Ruston, LA 71270**Description**Pregnancy Help Center Consulting
September 2017
27 hours @ \$30.00 per hour**Amount Due:**

\$800.00

Summary description of activities by category:

Hours	Activity
10	Daily compilation and submission of center client visits
8	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
3	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

[Help](#) [Sign Out](#)



[Home](#) [Accounts](#) [Management Tools](#) [Account Services](#) [Print](#)

Transfer Confirmation as of 10/05/2017 9:12 AM

J. HAM INC	
Transfer Date:	10/06/2017
Transfer Amount:	800.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	[REDACTED]
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	800.00

Important: You May Want to Print this Page for Future Reference.

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PO# 2000 224936-0917 Section F-Professional-Prof Tech Svc. Page 4 of 12

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

Hold	Batch	Name	Form	Address	Account	Identification	Discretionary	Amount	Routine/Transit	Effective Date	Transaction Code
N	00000001	Caring To Love	Sept 2017					200.00	265070435	10/11/2017	27 Demand Auto Payment
N	00000001	Lacey Bodley	Sept 2017					200.00	065400137	10/11/2017	22 Demand Auto Deposit
N	00000001	Caring To Love	Sept 2017					250.00	265070435	10/11/2017	27 Demand Auto Payment
N	00000001	Michelle Dyess	Sept 2017					250.00	065000060	10/11/2017	22 Demand Auto Deposit
N	00000001	Caring To Love	Sept 2017					100.00	265070435	10/11/2017	27 Demand Auto Payment
N	00000001	Sarahtha Gray	Sept 2017					100.00	265473511	10/11/2017	22 Demand Auto Deposit
N	00000001	Caring To Love	Sept 2017					150.00	265070435	10/11/2017	27 Demand Auto Payment
N	00000001	Emily Ilgenfritz	Sept 2017					150.00	111103650	10/11/2017	22 Demand Auto Deposit
N	00000001	Caring To Love	Sept 2017					500.00	265070435	10/11/2017	27 Demand Auto Payment
N	00000001	Alexis Farrugia	Sept 2017					500.00	065000060	10/11/2017	22 Demand Auto Deposit
N	00000001										

Batch 1 Entry Count

Batch 1 Total

Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

File Entry Count

File Total

Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

INVOICE

Date: September 30, 2017

Attention: Dorothy Wallis

Bill to:
Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:
Sanaretha Gray
P. O. Box 413
Prairieville, LA 70769

Amount due:
\$100.00

Description
Pregnancy Help Center Professional Services
September 2017
10 hours @ \$10.00 per hour

Summary description of activities by category:

Hours	Activity
	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
	Preparation, completion, & submission of Compliance Documents
	Review and verification of Clinic billing packets, compilation of error report

Hold	Batch	Name	Account	Identification	Direction	Amount	Routing/Transit	Effective Date	Transaction Code
N	0000001	Caring To Love Sept 2017				200.00	265070435	10/11/2017	27 Demand Auto Payment
N	0000001	Lacey Bodley Sept 2017				200.00	065400137	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017				250.00	265070435	10/11/2017	27 Demand Auto Payment
N	0000001	Muchelle Dyeas Sept 2017				250.00	065000090	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017				100.00	265070435	10/11/2017	27 Demand Auto Payment
N	0000001	Samantha Grey Sept 2017				100.00	265473511	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017				150.00	265070435	10/11/2017	27 Demand Auto Payment
N	0000001	Emily Igerditz Sept 2017				150.00	111103650	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017				500.00	265070435	10/11/2017	27 Demand Auto Payment
N	0000001	Alexa Farrugia Sept 2017				500.00	065000090	10/11/2017	22 Demand Auto Deposit

Batch 1 Total

Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

Batch 1 Entry Count

Debits: 5
Credits: 5
Difference: 0.00
Totals: 10

File Total

Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

File Entry Count

Debits: 5
Credits: 5
Difference: 0.00
Totals: 10

Page 6 of 12
AC# 800+200+100+250+150+500=2,000

60

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

INVOICE

Date: September 29, 2017

Attention: Dorothy Wallis

Bill to:
 Caring to Love Ministries
 3813 North Flannery Rd.
 Baton Rouge, LA 70814

Remit to:
 Michelle Dyess
 12238 Leblanc Ln
 Walker, LA 70785

Description
 Pregnancy Help Center Consulting
 September 2017
 10 hours @ \$25 per hour

Summary description of activities by category:

Hours	Activity
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge, Restoration PRC, and Women's Life Ministries - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & Submission of Compliance Documents

ACH800+\$200+\$100+\$250+\$150+\$500=\$2000.00

Hold	Batch	Name Free Form Addenda	Account	Identification	Discretionary	Amount	Routine/Transit	Effective Date	Transaction Code
N	0000001	Caring To Love Sept 2017				200.00	265070435	10/11/2017	27 Demand Auto Payment
N	0000001	Lacey Bodley Sept 2017				200.00	065400137	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017				250.00	265070435	10/11/2017	27 Demand Auto Payment
N	0000001	Michelle Dyes Sept 2017				250.00	065000090	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017				100.00	265070435	10/11/2017	27 Demand Auto Payment
N	0000001	Sanawtha Gray Sept 2017				100.00	265473511	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017				150.00	265070435	10/11/2017	27 Demand Auto Payment
N	0000001	Emily Aguirre Sept 2017				150.00	111103650	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017				500.00	265070435	10/11/2017	27 Demand Auto Payment
N	0000001	Alexis Farrugia Sept 2017				500.00	065000090	10/11/2017	22 Demand Auto Deposit

Batch 1 Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

File Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

INVOICE

Date: September 30, 2017

Attention: Dorothy Walls

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:
Emily Ilgenfritz
10012 Rocky Knoll Circle
Shreveport, LA 71106

Description
Pregnancy Help Center Consulting
September 2017
10 hours @ \$15.00 per hour

Summary description of activities by category:

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

CH8800+\$200+\$100+\$250+\$150+\$500=\$2000.00

Model	Batch	Name	Free Form Address	Account	Identification	Discretionary	Amount	Routing/Trunk	Effective Date	Transaction Code
N	00000001	Caring To Love	Sept 2017				200.00	285070435	10/11/2017	27 Demand Auto Payment
N	00000001	Leaky Body	Sept 2017				200.00	085400137	10/11/2017	22 Demand Auto Deposit
N	00000001	Caring To Love	Sept 2017				250.00	285070435	10/11/2017	27 Demand Auto Payment
N	00000001	Michelle Dyess	Sept 2017				250.00	085000090	10/11/2017	22 Demand Auto Deposit
N	00000001	Caring To Love	Sept 2017				100.00	285070435	10/11/2017	27 Demand Auto Payment
N	00000001	Samartha Gray	Sept 2017				100.00	285473511	10/11/2017	22 Demand Auto Deposit
N	00000001	Caring To Love	Sept 2017				150.00	285070435	10/11/2017	27 Demand Auto Payment
N	00000001	Emily Aganitz	Sept 2017				150.00	111103650	10/11/2017	22 Demand Auto Deposit
N	00000001	Caring To Love	Sept 2017				500.00	285070435	10/11/2017	27 Demand Auto Payment
N	00000001	Alexis Fanning	Sept 2017				500.00	085000090	10/11/2017	22 Demand Auto Deposit
N	00000001									

Batch 1 Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

File Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

64

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

INVOICE

Date: September 30, 2017

Attention: Dorothy Walls

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Alexis Farrugia
416 Shrewsbury Ct.
Jefferson, LA 70121

Amount due:

\$500.00

Description
Pregnancy Help Center Consulting
September 2017
20 hours @ \$25.00 per hour

Summary description of activities by category:

Hours	Activity
1	Compliance visits to ACCESS Pregnancy Center - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
1	Preparation, completion, & submission of Compliance Documents
18	Review and verification of Clinic billing packets, compilation of error report

CH 800+\$200+\$100+\$250+\$150+\$500=\$2000.00

Batch	Name	Account	Identification	Discrepancy	Amount	Refund/Transit	Effective Date	Transaction Code
N 0000001	Caring To Love Said 2017				200.00	285070435	10/11/2017	27 Demand Auto Payment
N 0000001	Lacey Bodley Said 2017				200.00	085400137	10/11/2017	22 Demand Auto Deposit
N 0000001	Caring To Love Said 2017				250.00	285070435	10/11/2017	27 Demand Auto Payment
N 0000001	Michelle Dyess Said 2017				250.00	085000090	10/11/2017	22 Demand Auto Deposit
N 0000001	Caring To Love Said 2017				100.00	285070435	10/11/2017	27 Demand Auto Payment
N 0000001	Samantha Gray Said 2017				100.00	265473511	10/11/2017	22 Demand Auto Deposit
N 0000001	Caring To Love Said 2017				150.00	285070435	10/11/2017	27 Demand Auto Payment
N 0000001	Emily Igenfritz Said 2017				150.00	111103650	10/11/2017	22 Demand Auto Deposit
N 0000001	Caring To Love Said 2017				500.00	285070435	10/11/2017	27 Demand Auto Payment
N 0000001	Alicia Farniga Said 2017				-500.00	085000090	10/11/2017	22 Demand Auto Deposit

Batch 1 Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

File Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

66

67



OTHER CHARGES

SECTION 6

PO# 2000 224936

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Sept 2017 BILLED **

TOTAL ALL SUB REPORTS			
Cumm from Last Month	384	Cumm 2nd Visits Last Month	279
Number of New Participants	186	New 2nd Visits	145
Cummulative Participants	670	Cumm 2nd Visits	424
Client Services			
UNIT COST		# Clients	
TOTALS		TOTALS	
1 Intake Application Process	\$ 10.00	186	\$ 1,860.00
2 Positive Pregnancy Test	\$ 10.00	145	\$ 1,450.00
3 Negative Pregnancy Test	\$ 10.00	41	\$ 410.00
4 Abstinence Education	\$ 30.00	50	\$ 1,500.00
5 Counseling	\$ 40.00	145	\$ 5,800.00
6 Referral Services	\$ 10.00	135	\$ 1,350.00
7 Health Risk Assessment	\$ 30.00	145	\$ 4,350.00
8 Care Plan Development	\$ 30.00	144	\$ 4,320.00
9 On-going Care	\$ 30.00	93	\$ 2,790.00
10 Family Support Services	\$ 40.00	101	\$ 4,040.00
11 Home Outreach Support Services	\$ 75.00	58	\$ 4,350.00
12 Birth Outcome Confirmation	\$ 40.00	49	\$ 1,960.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		1,292	\$ 34,180.00
Amount Due			\$ 34,180.00

TOTAL ALL CENTERS

\$ 34,180.00

Care Pregnancy Clinic	\$ 10,700.00
Women's Resource Center of Match LA	\$ 5,570.00
A Pregnancy Center	\$ 8,595.00
Access Pregnancy-(Catholic Charities)	\$ 1,630.00
Women's Life Ministries	\$ 1,605.00
Restoration House	\$ 4,825.00
CPC-Gonzales	\$ 1,255.00

Official Life Choice Project Monthly Reporting Form

Care Pregnancy Clinic
LCP 17-1801
September 1, 2017 thru S
Jashonda Monic Adams
3813 N. Flannery Road
Baton Rouge, LA 70814

49^{3rd} Birthout

#Served

\$630	\$10
\$490	\$10
\$140	\$10
\$420	\$30
\$1,960	\$40
\$490	\$10
\$1,470	\$30
\$1,470	\$30
\$930	\$30
\$920	\$40
\$1,500	\$75
\$280	\$40

7
1E

417

\$10,700

Supervisor Signature _____

[Signature] Data Entry Clerk's Signature



GULF COAST BANK
a Trust Company

Home Accounts Management Tools Account Services Print

Transfer Confirmation as of 10/09/2017 2:47 PM

CARE PREGNANCY CLINI	Transfer Date:	10/11/2017
	Transfer Amount:	10,700.00
	From Account Nickname:	LCP CHECKING
	From Institution R/T Number:	2650-70435
	From Account Type:	Demand Deposit
	From Account:	100526649
	To Institution R/T Number:	0654-00153
	To Account Type:	Demand Deposit
	To Account:	48236569
	Confirmation Member:	113468806
	Status:	Approved

Summary	Transfer Amounts:	10,700.00
Important: You May Want to Print this Page for Future Reference.		

MEMBER FDIC
Statement/Notice of enrollment
EQUAL HOUSING LENDER
VERISIGN
TRUSECURE
CONTACT US
© 2001-2017 Fiserv, Inc. or its affiliates.

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La

Project Number LCP17-18-04

Date of Report 09/01/2017 thru 09/30/2017 (Report Printed: 10/03/2017)

Report Submitted By Danette Westfall

Address 107 North Street

City State Zip Natchitoches, LA 71457

IN KIND

Items / Equipment
Appr Value
Source Or Donor
Client Not Coun Appr Mins Date ID Center

REIMBURSEMENT

New Pos. Clients:22 2nd:22 3rd:22 Panty:38 Home:10 Postpartum:7

Description of Service	#Served	Reimb. Cost	Total
Intake Application	28	\$10	\$280
Positive Pregnancy Test	22	\$10	\$220
Negative Pregnancy Test	6	\$10	\$60
Abstinence Education	6	\$30	\$180
Counseling	22	\$40	\$880
Referral Services	22	\$10	\$220
Health Risk Assessment	22	\$30	\$660
Care Plan Development	22	\$30	\$660
On-going Care/Monitoring	22	\$30	\$660
Family Support Services	18	\$40	\$720
Home Outreach Support Services	10	\$75	\$750
Birth Outcome Confirmation	10	\$40	\$280

Total Services 207

\$ 5570

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

SECTION G Coordinated Prenatal Care Services			
P.O.# 2000 224936			
Women's Resource Center of Natch LA LCP-17-18-04			
Cumulative Participants for This Month			
Cumulative Participants			
Client Services:			
1	Intake Application Process	\$ 10.00	28
2	Positive Pregnancy Test	\$ 10.00	22
3	Negative Pregnancy Test	\$ 10.00	6
4	Abstinence Education	\$ 30.00	6
5	Counseling	\$ 40.00	22
6	Referral Services	\$ 10.00	22
7	Health Risk Assessment	\$ 30.00	22
8	Care Plan Care	\$ 30.00	22
9	On-going Care	\$ 30.00	22
10	Family Support Services	\$ 40.00	18
11	Home Outreach Support Services	\$ 75.00	10
12	Birth Outcome Confirmation	\$ 40.00	7
TOTAL SUB-CONTRACTOR REIMBURSEMENT		\$ 5,570.00	207
Amount Due		\$ 5,570.00	
UNIT COST			
# Clients			
TOTALS			
61	Cumm 2nd Visits Last Month		51
28	New 2nd Visits		22
89	Cumm 2nd Visits		73

Cumm from Last Month 61 Cumm 2nd Visits Last Month 51

Number of New Participants for This Month 28 New 2nd Visits 22

Cummulative Participants 89 Cumm 2nd Visits 73

Client Services:

UNIT COST # Clients TOTALS

1	Intake Application Process	\$ 10.00	28	\$ 280.00
2	Positive Pregnancy Test	\$ 10.00	22	\$ 220.00
3	Negative Pregnancy Test	\$ 10.00	6	\$ 60.00
4	Abstinence Education	\$ 30.00	6	\$ 180.00
5	Counseling	\$ 40.00	22	\$ 880.00
6	Referral Services	\$ 10.00	22	\$ 220.00
7	Health Risk Assessment	\$ 30.00	22	\$ 660.00
8	Care Plan Care	\$ 30.00	22	\$ 660.00
9	On-going Care	\$ 30.00	22	\$ 660.00
10	Family Support Services	\$ 40.00	18	\$ 720.00
11	Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12	Birth Outcome Confirmation	\$ 40.00	7	\$ 280.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT			207	\$ 5,570.00

Amount Due

\$ 5,570.00

Section C OTHER CHARGES

PO# 2000 224936-0917

Help Sign Out

GULF COAST BANK
& Trust Company



Home Accounts Management Tools Account Services Print

Transfer Confirmation as of 10/09/2017 2:47 PM

MEMBER FDIC 2001-2017 Reserv. Inc. or its affiliates.	
EQUAL HOUSING LENDER	
VERISIGN	
TRUSECURE	
CONTACT US	
Statement/Notice enrollment	
MEMBER RES CEN MATCH	
Transfer Date: 10/11/2017	
Transfer Amount: 5,570.00	
From Account Nickname: LCP CHECKING	
From Institution R/T Number: [REDACTED]	
From Account Type: Demand Deposit	
From Account: [REDACTED]	
To Institution R/T Number: [REDACTED]	
To Account Type: Demand Deposit	
To Account: [REDACTED]	
Confirmation Number: 113473902	
Status: Approved	
Transfer Summary	
Number of Transfer Items: 1	
Total of Transfer Amounts: 5,570.00	
Important: You May Want to Print this Page for Future Reference.	

Name of Organization: A Pregnancy Center & Clinic
 Project Number: LCP17-18-103
 Date of Report: 09/01/2017 thru 09/30/2017 (Report Printed: 10/02/2017)
 Report Submitted By: Denise Williamson
 Address: 913 S. College Rd Ste 206
 City State Zip: Lafayette, LA 70503

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

REIMBURSEMENT

New Pos. Clients:39 2nd:39 3rd:23 Pantry:71 Home:9 Postpartum:19

Description of Service	#Served	Relmb. Cost	Total
Intake Application	47	\$10	\$ 470
Positive Pregnancy Test	39	\$10	\$ 390
Negative Pregnancy Test	8	\$10	\$ 80
Abstinence Education	8	\$30	\$ 240
Counseling	39	\$40	\$ 1560
Referral Services	39	\$10	\$ 390
Health Risk Assessment	39	\$30	\$ 1170
Care Plan Development	39	\$30	\$ 1170
On-Going Care/Monitoring	23	\$30	\$ 690
Family Support Services	25	\$40	\$ 1000
Home Outreach Support Services	9	\$75	\$ 675
Birth Outcome Confirmation	19	\$40	\$ 760

Total Services 334 \$ 8595

☐ 2nd Positive and/or Negative Test Authorization

Adjustments: ☐ ☐ ☐

Total Billed ☐ ☐ ☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature: [Signature]
 Supervisor's Signature: [Signature]
 Data Entry Clerk's Signature: [Signature]

*** FOR OFFICIAL USE ONLY ***

Cumulative Participants

105 Cumulative 2nd Visits

86

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	47	\$ 470.00
2 Positive Pregnancy Test	\$ 10.00	39	\$ 390.00
3 Negative Pregnancy Test	\$ 10.00	8	\$ 80.00
4 Abstinence Education	\$ 30.00	8	\$ 240.00
5 Counseling	\$ 40.00	39	\$ 1,560.00
6 Referral Services	\$ 10.00	39	\$ 390.00
7 Health Risk Assessment	\$ 30.00	39	\$ 1,170.00
8 Care Plan Care	\$ 30.00	39	\$ 1,170.00
9 On-going Care	\$ 30.00	23	\$ 690.00
10 Family Support Services	\$ 40.00	25	\$ 1,000.00
11 Home Outreach Support Services	\$ 75.00	9	\$ 675.00
12 Birth Outcome Confirmation	\$ 40.00	19	\$ 760.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		334	\$ 8,595.00

Amount Due \$ 8,595.00

Transfer Confirmation as of 10/09/2017 2:48 PM

A PREGNANCY CENTER	
Transfer Date:	10/11/2017
Transfer Amount:	8,595.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	113482235
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	8,595.00
Important: You May Want to Print this Page for Future Reference.	

Name of Organization

ACCESS Pregnancy & Referral Center

Project Number

107

Date of Report

10/2/2017

Report Submitted by

Deborah Donahoe

Address

921 Aris Ave.

City, State, Zip

Metairie LA 70005

Sept. 2017

New Pos. Clients:

2nd

3rd

Home

--	--

Birth Out

--	--

Description of Services

#Served

Reim. Cost

Total

Intake Application
Positive Pregnancy Test
Negative Pregnancy Test
Abstinence Education
Counseling
Referral Services
Health Risk Assessment
Care Plan Development
On-Going Care Monitoring
Family Support Services
Home Outreach Support Services
Birth Outcome Confirmation

9
9
0
9
9
8
9
8
1
2
0
3

\$10	\$90
\$10	\$90
\$10	\$0
\$30	\$270
\$40	\$360
\$10	\$80
\$30	\$270
\$30	\$240
\$30	\$30
\$40	\$320
\$75	\$0
\$40	\$120

Total

Services

67

\$1,870

1630. -

Director Signature

Michelle Beck

Supervisor Signature

M. Donahoe

Data Entry Clerk's Signature

Deborah Donahoe

Cumulative Participants

38 Cumulative 2nd Visits

33

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	9	\$ 90.00
2 Positive Pregnancy Test	\$ 10.00	9	\$ 90.00
3 Negative Pregnancy Test	\$ 10.00	-	\$ -
4 Abstinence Education	\$ 30.00	9	\$ 270.00
5 Counseling	\$ 40.00	9	\$ 360.00
6 Referral Services	\$ 10.00	8	\$ 80.00
7 Health Risk Assessment	\$ 30.00	9	\$ 270.00
8 Care Plan Care	\$ 30.00	8	\$ 240.00
9 On-going Care	\$ 30.00	1	\$ 30.00
10 Family Support Services	\$ 40.00	2	\$ 80.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		67	\$ 1,630.00

Amount Due \$ 1,630.00

Transfer Confirmation as of 10/09/2017 2:49 PM

CATHOLIC CHARITIES	
Transfer Date:	10/11/2017
Transfer Amount:	1,630.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	113490248
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	1,630.00

Important: You May Want to Print this Page for Future Reference.

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Life Ministries
Project Number LCP17-18-112
Date of Report 09/01/2017 thru 09/30/2017 (Report Printed: 09/28/2017)
Report Submitted By Teresa Ragusa
Address 3813 N. Flannery Road
City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source	Dr Doctor	Client Not Appr	Comm Mins	Date	Center ID
-------------------	------------	--------	-----------	-----------------	-----------	------	-----------

REIMBURSEMENT

New Pos. Clients:4 2nd:4 3rd:3 Panty:11 Home:5 Postpartum:6

Description of Service	#Served	Reimb. Cost	Total
Intake Application	6	\$10	\$ 60
Positive Pregnancy Test	4	\$10	\$ 40
Negative Pregnancy Test	2	\$10	\$ 20
Abstinence Education	2	\$30	\$ 60
Counseling	4	\$40	\$ 160
Referral Services	4	\$10	\$ 40
Health Risk Assessment	4	\$30	\$ 120
Care Plan Development	4	\$30	\$ 120
On-Going Care/Monitoring	3	\$30	\$ 90
Family Support Services	7	\$40	\$ 280
Home Outreach Support Services	5	\$75	\$ 375
Birth Outcome Confirmation	6	\$40	\$ 240

Total Services 51 \$ 1605

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature
Supervisor's Signature
Data Entry Clerk's Signature

Teresa Ragusa
Dorothy Wallis
Debra Ragusa

*** FOR OFFICIAL USE ONLY ***

Client Services:

UNIT COST

Clients

REIMBURSEMENT
TOTALS

1 Intake Application Process	\$ 10.00	6	\$ 60.00
2 Positive Pregnancy Test	\$ 10.00	4	\$ 40.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	4	\$ 160.00
6 Referral Services	\$ 10.00	4	\$ 40.00
7 Health Risk Assessment	\$ 30.00	4	\$ 120.00
8 Care Plan Care	\$ 30.00	4	\$ 120.00
9 On-going Care	\$ 30.00	3	\$ 90.00
10 Family Support Services	\$ 40.00	7	\$ 280.00
11 Home Outreach Support Services	\$ 75.00	5	\$ 375.00
12 Birth Outcome Confirmation	\$ 40.00	6	\$ 240.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		51	\$ 1,605.00

Amount Due \$ 1,605.00

Transfer Confirmation as of 10/09/2017 2:50 PM

WOMEN'S LIFE MINISTRI	
Transfer Date:	10/11/2017
Transfer Amount:	1,605.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	[REDACTED]
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	1,605.00
Important: You May Want to Print this Page for Future Reference.	

Name of Organization Restoration Pregnancy Resource Ctr.
 Project Number LCP17-18-116
 Date of Report 09/01/2017 thru 09/30/2017 (Report Printed: 09/29/2017)
 Report Submitted By Tara Hudgins
 Address
 City State Zip

IN KIND

Items/Equipment Appr Value Source Or Donor Client Not Appr Coun Mins Date Center ID

REIMBURSEMENT

New Pos. Clients:20 2nd:11 3rd:7 Prentry:27 Home:11 Postpartum:6

Description of Service	#Serv	Reimb. Cost	Total
Intake Application	20	\$10	\$ 200
Positive Pregnancy Test	0	\$10	\$ 200
Negative Pregnancy Test	0	\$30	\$ 0
Abstinence Education	0	\$40	\$ 0
Counseling	20	\$40	\$ 800
Referral Services	11	\$10	\$ 110
Health Risk Assessment	20	\$30	\$ 600
Care Plan Development	20	\$30	\$ 600
On-Going Care/Monitoring	11	\$30	\$ 330
Family Support Services	23	\$40	\$ 920
Home Outreach Support Services	11	\$75	\$ 825
Birth Outcome Confirmation	6	\$40	\$ 240

Total Services 162 \$ 4825

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature
 Supervisor's Signature
 Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

Number of New Participants for This Month
Cumulative Participants

20 New 2nd Visits
68 Cumulative 2nd Visits

20
61

REIMBURSEMENT

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	20	\$ 200.00
2 Positive Pregnancy Test	\$ 10.00	20	\$ 200.00
3 Negative Pregnancy Test	\$ 10.00	-	\$ -
4 Abstinence Education	\$ 30.00	-	\$ -
5 Counseling	\$ 40.00	20	\$ 800.00
6 Referral Services	\$ 10.00	11	\$ 110.00
7 Health Risk Assessment	\$ 30.00	20	\$ 600.00
8 Care Plan Care	\$ 30.00	20	\$ 600.00
9 On-going Care	\$ 30.00	11	\$ 330.00
10 Family Support Services	\$ 40.00	23	\$ 920.00
11 Home Outreach Support Services	\$ 75.00	11	\$ 825.00
12 Birth Outcome Confirmation	\$ 40.00	6	\$ 240.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		162	\$ 4,825.00

Amount Due \$ 4,825.00

Transfer Confirmation as of 10/09/2017 2:50 PM

RESTORATION PREGNANC	
Transfer Date:	10/11/2017
Transfer Amount:	4,825.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	
From Account Type:	Demand Deposit
To Institution R/T Number:	
To Account Type:	Demand Deposit
To Account:	
Confirmation Number:	113501282
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	4,825.00
Important: You May Want to Print this Page for Future Reference.	

Name of Organization: CPC Gonzales
 Project Number: LCP17-18-01-1
 Date of Report: 09/01/2017 thru 09/30/2017 (Report Printed: 09/29/2017)
 Report Submitted By: Michelle Dyess
 Address: 322 E. Worthy
 City State Zip: Gonzales, LA 70737

IN KIND

Client: Not Appr
 Center: ID
 Items / Equipment: Value Source Or Donor: Aprr Mins Date

REIMBURSEMENT

New Pos. Clients:2 2nd:2 3rd:2 Pantry:5 Home:3 Postpartum:1

Description of Service	#Served	Retmb. Cost	Total
Intake Application	13 ✓	\$10	\$130 ✓
Positive Pregnancy Test	2 ✓	\$10	\$20 ✓
Negative Pregnancy Test	11 ✓	\$10	\$110 ✓
Abstinence Education	11 ✓	\$30	\$330 ✓
Counseling	2 ✓	\$40	\$80 ✓
Referral Services	2 ✓	\$10	\$20 ✓
Health Risk Assessment	2 ✓	\$30	\$60 ✓
Care Plan Development	2 ✓	\$30	\$60 ✓
On-Going Care/Monitoring	2 ✓	\$30	\$60 ✓
Family Support Services	3 ✓	\$40	\$120 ✓
Home Outreach Support Services	3 ✓	\$75	\$225 ✓
Birth Outcome Confirmation	1 ✓	\$40	\$40 ✓

Total Services 54 \$ 1255

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature
 Supervisor's Signature
 Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

Number of New Participants for This Month
Cumulative Participants

13 New 2nd Visits
44 Cumulative 2nd Visits

4
12

REIMBURSEMENT

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	13	\$ 130.00
2 Positive Pregnancy Test	\$ 10.00	2	\$ 20.00
3 Negative Pregnancy Test	\$ 10.00	11	\$ 110.00
4 Abstinence Education	\$ 30.00	11	\$ 330.00
5 Counseling	\$ 40.00	2	\$ 80.00
6 Referral Services	\$ 10.00	2	\$ 20.00
7 Health Risk Assessment	\$ 30.00	2	\$ 60.00
8 Care Plan Care	\$ 30.00	2	\$ 60.00
9 On-going Care	\$ 30.00	2	\$ 60.00
10 Family Support Services	\$ 40.00	3	\$ 120.00
11 Home Outreach Support Services	\$ 75.00	3	\$ 225.00
12 Birth Outcome Confirmation	\$ 40.00	1	\$ 40.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		54	\$ 1,255.00

Amount Due \$ 1,255.00

Transfer Confirmation as of 10/09/2017 2:51 PM

CARE PREGNANCY CLINI	
Transfer Date:	10/11/2017
Transfer Amount:	1,255.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	113510838
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	1,255.00
Important: You May Want to Print this Page for Future Reference.	

PO# 2000 224936

SECTION I

INDIRECT COST

245

Coordinated Prenatal Care for
Louisiana's Pregnant Women

Project

Invoice

September 2017

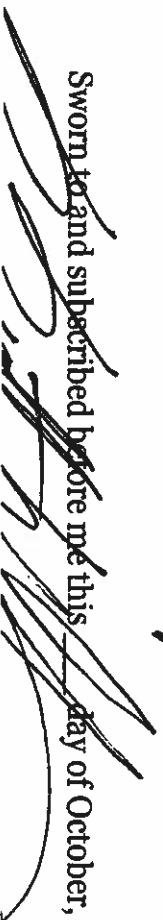
Dorothy Wallis
3813 North Flannery
Baton Rouge, LA 70814
(225) 215-0004 office
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00

Reviewed and Approved by: Tommy French



Sworn to and subscribed before me this day of October, 2017



<u>Form Addenda</u>	<u>Account</u>	<u>Identification</u>	<u>Discretionary</u>	<u>Amount</u>	<u>Routing/Transit</u>	<u>Effective Date</u>	<u>Trans</u>
ig To Love 2017				4,500.00	265070435	10/6/2017	27 De
thy Wallis 2017				4,500.00	065400137	10/6/2017	22 De

Batch 1 Entry Count

1
1
2

File Entry Count

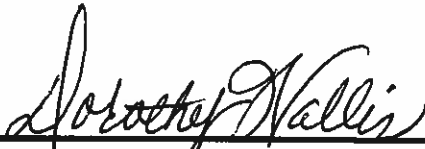
1
1
2

Ministries - Time Study Monthly Reporting Form

Period: September 2017

Employee's Name: Dorothy Wallis

	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
3	0	0	7.7	6.8	8.5	7.7	3.4	0	8.5	8.5	7.7	8.5	6.8	3.4	0	6.8	6.8	6.8	6.8	6.8	3.4	0	6.8	7.7	6.8	7.7	6.8	6.8	3.4
	0	0	1.4	1.2	1.5	1.4	.6	0	1.5	1.5	1.4	1.5	1.2	.6	0	1.2	1.2	1.2	1.2	1.2	.6	0	1.2	1.4	1.2	1.4	1.2	1.2	.6
	0	0	9	8	10	9	4	0	10	10	9	10	8	4	0	8	8	8	8	8	4	0	8	9	8	9	8	8	4

Employee Signature: 

Date: Oct 5, 2017

Supervisor Signature: 

Date: 10/5/17

Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814

Group ID :	27A61ERC
Subgroup ID :	0000

Due Date:	09/15/2017
Billing Date:	08/30/2017
Invoice Period From :	09/15/2017
Invoice Period Through:	10/14/2017
Invoice Number :	172420000508

Subscriber Count: 2

Outstanding Balance.....	\$0.00
Premiums This Period.....	\$2,134.03
Member Adjustments.....	\$0.00
Fees and Other Adjustments.....	\$0.00
Current Billed Amount.....	\$2,134.03

Please Pay Total Amount Due

\$2,134.03

049A0135 R01/16 Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana. All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ➡

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

PAY TO THE ORDER OF Blue Cross Blue Shield

\$ 2,134.03

Two Thousand One Hundred Thirty-Four and 02/100

DOLLARS

Blue Cross Blue Shield
P.O. Box 650007
Dallas, TX 75265

VOID AFTER 60 DAYS
OPERATING ACCOUNT

MEMO

Group ID 27A61ERC Subgroup 0000 9/15-10/14/11

#017598# 150554001531

Secretary of Health

AUTHORIZED SIGNATURE



000104 032 091817 1088

30M33ERC DAL

CRED TO PAYEE

ABS END GUAR

091817 236830 098 196 083 48

091817 236830 098 196 083 48

ENDORSE HERE

CHECK HERE AFTER
RECEIVE OR IN YOUR ACCOUNT

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month